



EXPRESS MAIL NO.

# REISSUE APPLICATION: DECLARATION BY THE INVENTOR

Docket Number (Optional)

80121-06507

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,984,937, granted November 16, 1999, and for which a reissue patent is sought on the invention entitled: **Orbital Surgical Cannula and Method**, the specification of which

- ☐ is attached hereto.
- ☒ was filed on November 15, 2001 as reissue application number 10/001,416  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

- ☒ by reason of a defective specification or drawing.
- ☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.
- ☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

1. Applicants failed to appreciate broader scope of the invention including other rod-like or shaft-like instruments or endoscopic instruments with operative tips as disclosed in the specification, claims and drawings as filed.
2. Spelling errors in the specification and abstract.



(REISSUE APPLICATION: DECLARATION BY THE INVENTOR, page 2)

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Name(s)

Albert C. Smith

Registration Number

Reg. No. 20,355

Correspondence Address: Direct all communications about the application to:

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Type Customer Number Here

☐ Firm or Individual Name

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Stephen A. Morse

Inventor's Signature

Date

Residence 744 Forest Avenue, Palo Alto, CA 94301

Citizenship: USA

Mailing Address (same as above)

Full name of sole or second inventor (given name, family name)

Peter L. Callas

Inventor's Signature

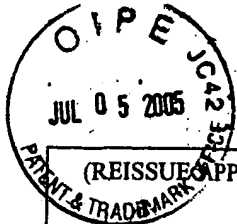
Date

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Citizenship USA

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(REISSUE APPLICATION: DECLARATION BY THE INVENTOR, page 3)

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Full name of sole or first inventor (given name, family name)

Geoffrey A. Orth

Inventor's Signature

Date

Residence 5800 Lone Pine Road, Sebastopol, CA 95472-5611

Citizenship: USA

Mailing Address (same as above)

Full name of sole or second inventor (given name, family name)

Andrew G.C. Frazier

Inventor's Signature

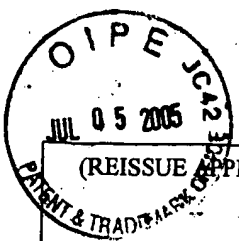
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Albert K. Chin

Inventor's Signature

Date

Residence 800 East Greenwich Place, Palo Alto, CA 94303

Citizenship: USA

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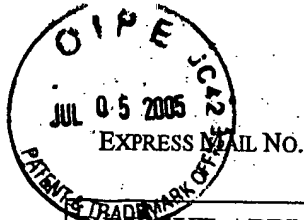
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